

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20M 1/65

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND																			
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08925																			
M																			
1. PLACE OF DEATH a. COUNTY Queen Anne's County MARYLAND					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Queen Anne's														
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) R.F.D. Chestertown, Md.					c. LENGTH OF STAY IN 1b Lifetime					c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) R.F.D. Chestertown, Maryland									
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) At Home					d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) John Henry Ashley					4. DATE OF DEATH Month 6 Day 27 Year 1966														
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 5/2/1896		9. AGE (In years last birthday) 70 yrs.		IF UNDER 1 YEAR Months Days 		IF UNDER 24 HRS Hours Min. 							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor					10b. KIND OF BUSINESS OR INDUSTRY Work for State					11. BIRTHPLACE (County & State, or foreign country) Queen Anne's, Md.					12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME John W. Ashley					14. MOTHER'S MAIDEN NAME Julia Unknown														
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes					16. SOCIAL SECURITY NO. W.W. 1 212-16-7882					17. INFORMANT Mrs. Mae Ashley					Address R.F.D. Chestertown, Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease 4231 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Grand Arterial Sclerosis DUE TO (c) Chronic Myocarditis										INTERVAL BETWEEN ONSET AND DEATH									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Acute Myocarditis										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Slip									
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m. 10					20d. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not While at work <input type="checkbox"/>					20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home					20f. (City or town) (County) (State)				
21. I certify that (I) (this hospital) attended the deceased from Jan 20 19 66 to Jun 27 19 66 that (I) (we) last saw the deceased alive on Jun 20 19 66 and that death occurred at 7 M, from the causes and on the date stated above.																			
22a. SIGNATURE C.H. Metcalfe					M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>					22b. DATE SIGNED 6/29/66									
22c. PHYSICIAN'S NAME (Type) C.H. Metcalfe M.D.					22d. ADDRESS Sudlersville, Maryland														
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial					23b. DATE THEREOF 6/30/1966					23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem.					23d. LOCATION (City, town or county) (State) Near Grumpton, Md.				
24. FUNERAL DIRECTOR Samuel Waley					ADDRESS Chestertown, Md.					25a. REC'D BY REGISTRAR JUL 7 1966					25b. REGISTRAR'S SIGNATURE James Judge				

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MARYLAND STATE DEPARTMENT OF HEALTH									
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
CERTIFICATE OF DEATH									
1. PLACE OF DEATH a. COUNTY <i>Queen Anne</i> MARYLAND					2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Queen Anne</i>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chester</i>			c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chester</i>				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Harrison</i> Middle <i>Tucker</i> Last <i>Hopkins</i>					4. DATE OF DEATH Month <i>June</i> Day <i>5</i> Year <i>1966</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Feb. 21, 1886</i>		9. AGE (In years last birthday) <i>80</i> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired State Employee</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) <i>Chester, Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>William Henry Harrison Hopkins</i>					14. MOTHER'S MAIDEN NAME <i>Mary Elizabeth Atwell</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>213-16-4702</i>		17. INFORMANT <i>Wm. Thomas--Chester, Maryland</i>			Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute coronary occlusion</i> 4201 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>hypertensive arteriosclerotic heart disease</i>								INTERVAL BETWEEN ONSET AND DEATH <i>June 5, 1966</i> <i>4 years</i> <i>4 years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <i>19</i>			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Th</i>		20f. (City or town) (County) (State)		
21. I certify that (I) (this hospital) attended the deceased from <i>March 10, 1966</i> , to <i>June 5, 1966</i> , that (I) (we) last saw the deceased alive on <i>June 4, 1966</i> , and that death occurred at <i>2:15 P.</i> from the causes and on the date stated above.									
22a. SIGNATURE <i>Theodore Sattelmaier</i>					M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED <i>June 6, 1966</i>		
22c. PHYSICIAN'S NAME (Type) <i>Theodore Sattelmaier</i>					22d. ADDRESS <i>Stevensville, Maryland</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE THEREOF <i>June 7</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Stevensville</i>		23d. LOCATION (City, town or county) (State) <i>Stevensville, Maryland</i>			
24. FUNERAL DIRECTOR <i>Edgar L. Lane</i>					ADDRESS <i>Church Hill, Md.</i>		25a. REC'D BY REGISTRAR DATE <i>JUN 21 1966</i>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
CERTIFICATE OF DEATH											
1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNE'S</u> MARYLAND						2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>QUEEN ANNE'S</u>					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>SODLERSVILLE</u>				c. LENGTH OF STAY IN 1b <u>8 mos. 5 days</u>		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>CENTREVILLE</u>				17-1	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <u>Miss Kitty's Nursing Home</u>						d. STREET ADDRESS <u>307 N. Commerce</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Myrtle</u> Middle <u>CORNMAN</u> Last <u>LEWIS</u>						4. DATE OF DEATH Month <u>June</u> Day <u>27</u> Year <u>1966</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>October 14, 1884</u>		9. AGE (In years last birthday) <u>81</u> yrs.		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (County & State, or foreign country) <u>Montgomery Co., Penn.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>HENRY DENNIS CORNMAN</u>						14. MOTHER'S MARDEN NAME <u>MARY WORRELL</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>214-32-7321</u>		17. INFORMANT Address <u>Mrs. Thomas Dodd, Sodlersville, Maryland</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Colon</u> <u>1538</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerosis - Hypertensive Cardio Vascular disea</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a.m. <u> </u> p.m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from <u>May 10</u> , 19 <u>65</u> , to <u>June 27</u> , 19 <u>66</u> , that (I) (we) last saw the deceased alive on <u>June 26</u> , 19 <u>66</u> , and that death occurred at <u>12:30</u> AM, from the causes and on the date stated above.											
22a. SIGNATURE <u>C.R. Layton</u>						ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED <u>June 28, 1966</u>			
22c. PHYSICIAN'S NAME (Type) <u>C.R. Layton</u>						22d. ADDRESS <u>Centreville Md</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE THEREOF <u>JUNE 29 1966</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CHESTERFIELD CEMETERY</u>				23d. LOCATION (City, town or county) (State) <u>CENTREVILLE, MARYLAND</u>			
24. FUNERAL DIRECTOR <u>James H. Baiting, Bath Bldg., Centreville, Maryland</u>						25a. REC'D BY REGISTRAR <u>Charles Judge</u>					
						25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>					
						DATE <u>JUN 30 1966</u>					

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VR A15 (4)
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
08938
08928
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY QUEEN ANNE'S MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL QUEENSTOWN c. LENGTH OF STAY IN 1b 36 yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND b. COUNTY QUEEN ANNES c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL QUEENSTOWN d. STREET ADDRESS West Wye e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Thomas Middle — Last MARSALIS		4. DATE OF DEATH Month 6 Day 22 Year 1966	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 5, 1884
9. AGE (In years last birthday) 82 yrs.		10. UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Stock Broker		11b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED	
12. BIRTHPLACE (County & State, or foreign country) DALLAS DALLAS CO TEXAS		13. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. FATHER'S NAME THOMAS LAFAYETTE MARSALIS		15. MOTHER'S MAIDEN NAME ELIZABETH JOSEPHINE CROWDUS	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes give war or dates of service) WWI		17. SOCIAL SECURITY NO. 220-32-0100	
18. INFORMANT Thomas M. Lucke		Address Box 443 Valley Forge, Pa.	
19. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure 4200 DUE TO Arteriosclerotic Heart Disease Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) 4200 DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from Jan 56 to 6/22 , 19 66 , that (I) (we) last saw the deceased alive on 6/21 19 66 , and that death occurred at 11:36 M, from the causes and on the date stated above.			
22a. SIGNATURE S. Krech, Jr.		22b. DATE SIGNED 6-24-66	
22c. PHYSICIAN'S NAME (Type) S. KRECH, JR.		22d. ADDRESS EASTON, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE THEREOF JUNE 25, 1966	
23c. NAME OF CEMETERY OR CREMATORY Old Wye Cemetery		23d. LOCATION (City, town, or county) (State) Wye Mills, Maryland	
24. FUNERAL DIRECTOR James H. Butler, Jr., Butler Bros., Centerville, Md.		25a. REC'D BY REGISTRAR J. Charles Judge	
25b. REGISTRAR'S SIGNATURE		DATE JUN 28 1966	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY <u>Queen Anne</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Stevensville</u> c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Stevensville</u> d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Cornelius</u> First <u>Sewell</u> Last 4. DATE OF DEATH <u>June</u> Month <u>73</u> Day <u>19</u> Year			5. SEX <u>Male</u> 6. COLOR OR RACE <u>Colored</u> 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 8. DATE OF BIRTH <u>June 9-1884</u> 9. AGE (In years (last birthday) yrs. <u>82</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u> 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) <u>Maryland</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>James Sewell</u> 14. MOTHER'S MAIDEN NAME <u>Mary Saunders</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. <u>220-26-1243</u> 17. INFORMANT <u>Mrs. Daisy Sewell-Stevensville, Md.</u> Address			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Prostate w/ Metastases</u> 1978 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } DUE TO (b) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year <u>19</u> Hour a.m. p.m. 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21. I certify that (I) (this hospital) attended the deceased from <u>1951</u> , 19 to <u>June</u> , 19 <u>66</u> , that (I) (we) last saw the deceased alive on <u>June 12, 1966</u> , and that death occurred at <u>10 AM</u> , from the causes and on the date stated above.					
22a. SIGNATURE <u>Irvin G. Hoyt</u> M.D. 22c. PHYSICIAN'S NAME (Type) <u>Irvin G. Hoyt</u>			ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS <u>Queenstown, Maryland</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE THEREOF <u>June 16</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Wesley Church Yard</u> 23d. LOCATION (City, town or county) (State) <u>Stevensville, Maryland</u>			24. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Lane</u> ADDRESS <u>Church Hill, Md.</u> 25a. REC'D BY REGISTRAR <u>JUN 21 1966</u> 25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>		

MEDICAL CERTIFICATION

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AMOUNT OF THE

DATE

REMARKS

REMARKS

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